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CERTIFICATE OF MAILING

I hereby certify that this paper, together with all enclosures identified herein, are being deposited with the United States Postal Service as first class mail, addressed to Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, on the date indicated below.

11/30/06  
Date

Kresta L. DeZwaan  
Kresta L. DeZwaan

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appln. No. : 10/783,131  
Applicant : Joseph S. Stam et al.  
Examiner : Michael J. Zanelli  
Art Unit : 3661  
Filing Date : February 20, 2004  
Confirmation No. : 7106  
For : MONITORING AND AUTOMATIC  
EQUIPMENT CONTROL SYSTEMS

Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Enclosed is an Amendment in response to the Office Action mailed August 30, 2006. The items checked below are appropriate:

Any fee for additional claims has been calculated as shown below:

CLAIMS AS AMENDED

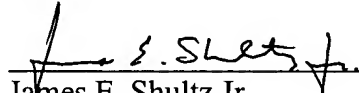
	Col. 1		Col. 2	Col. 3	Small Entity		Other Than A Small Entity	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	Rate	Add'l Fee
Total Claims	*64	Minus	**73	=00	x \$25	\$00	x \$50	\$00
Independent Claims	*07	Minus	**07	=00	x \$100	\$00	x \$200	\$00
First Presentation of Multiple Dependent Claims \$180						\$00	x \$360	\$00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$00		\$00

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- \*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- \*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.  
The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

1. \_\_\_\_\_ Small entity status of this application 37 CFR §§ 1.9 and 1.27 has been established by a verified statement previously submitted or is enclosed.
2. \_\_\_\_\_ No additional fee is required.
3. \_\_\_\_\_ A check in the amount of \$\_\_\_\_\_ is enclosed.
4. \_\_\_\_\_ Please charge the fee \_\_\_\_\_ for the Petition for Extension of Time to Deposit Account 07-1070.
5.   X   Please charge any additional fees or credit overpayment to Deposit Account No. 07-1070. A duplicate of this sheet is attached.

Date: NOVEMBER 30, 2006

Respectfully submitted,

  
James E. Shultz Jr.

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Atty. Docket No. AUTO 211US1

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AMENDMENT

Sir:

In response to the Office Action mailed August 30, 2006 the Applicant offers the following response:

Please amend the above-identified application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks** begin on page 15 of this paper.

**Amendments to the Claims:**

This listing of claims will replace all prior versions, and listings, of claims in the application.